THE

# LOUISVILLE MEDICAL NEWS.

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## Original.

### PERITYPHLITIS.*

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The subject that I have chosen is not a new one, its diagnosis and pathology having been studied and written upon many years ago. Surgical interference in perityphlitis is not of such ancient date, however. Hancock has been accredited with performing the operation as early as 1848. (Flint's Clinical Medicine.) But the honor of perfecting the operation for perityphlitic abscess has generally been awarded to the late Dr. Willard Parker. Since the report of Dr. Parker's first operation in 1866, the surgical treatment of perityphlitis has grown in favor. Operative measures not being a necessity in every form of pelvic inflammation, yet an early resort to the knife might in many cases change the prognosis. We should make a careful study of all recorded cases, and thereby learn more of the etiology, pathology, and diagnosis of perityphlitis. Prof. Bartholow (American Journal Medical Sciences) makes the following classification :

1. Abscess due to ulceration and perforation of the cecum, the perforation being due (1) to the irritation of a foreign body, (2) to a perforating ulcer which may be seated posteriorly and uncovered by the peritoneum, or anteriorly and covered by the peritoneum.

2. Abscess due to ulceration and perforation of the appendix, which may be caused by simple inflammation and abscess, and by the action of a foreign body.

3. Abscess due to inflammation and suppuration of the subcecal connective tissue.

While this classification would seem to cover all cases of this form of disease of cecum and appendix, many subdivisions will unavoidably present themselves, and we shall find in making a diagnosis many difficulties to contend with. In this category we find ulcerations due to typhoid fever, tubercular deposits in the appendix, foreign bodies and masses of hardened feces collected in the head of the colon and acting as foreign bodies—inflammations due to cold and traumatic influences. We occasionally have accumulations here that have no relation to the intestinal canal whatever, such as psoas abscess, abscess of right ovary, and migrations of pus from distant points. Many cases are treated to a close without a diagnosis being made, further than simply iliac abscess.

Acute inflammation of the cecum is not of frequent occurrence. The symptoms are pain and tenderness in a circumscribed area corresponding to the situation of the cecum, attended with vomiting, diarrhea, and febrile movement.

The pain is increased by the inflammation extending to that portion of the peritoneum covering the cecum ; as a result of paralysis of the muscular tunic, the cecum is sometimes greatly distended by gaseous accumulation. Movement of the right leg gives great pain, and generally the thigh is flexed. Many of these cases terminate in recovery; occasionally the inflammation leads to ulceration and perforation of the intestinal coats, and we have either a peritonitis or a fecal abscess, as the perforation is either in the portion of the cecum covered or uncovered by the peritoneum. The more usual perforation being posterior through the uncovered portion, abscess may be pericecal from the beginning and terminate by perforation into the intestine and discharge per rectum. Having in my practice some cases which illustrate some of the forms of inflammation of the cecum I will

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present them to you for your consideration. In presenting them I shall offer you nothing new, perhaps; but the infrequency of their occurrence and some peculiarities in my cases shall be my apology. The brevity of my paper may be one of its best commendations.

CASE I. Boy, aged thirteen, small but generally healthy, engaged in a contest of jumping the rope at school. Began to feel pain in right iliac region within twenty minutes after the contest ended. At the end of two hours was sent home from school, and experienced great trouble in walking on account of the pain in moving the right leg. I was called early next morning, November 2d, and found him in bed with right knee drawn up, some swelling in right fossa and very tender to the touch. After hearing the above history I applied fomentations to iliac region, gave a cathartic and instructions to his attendant to keep the patient in bed a few days, and went away thinking I would hear no more from him.

November 3d. Bowels had moved twice, and gave him considerable pain on account of change of position; urination was also painful; can not bear any weight on right leg; swelling in iliac fossa increased and very tender; an attempt to make an examination caused him to vomit; no pain in left side, and patient could move left leg without trouble. Temperature 102°, pulse 120. Kept up local applications, ordered complete rest; gave morphia, and ordered fluid diet.

November 4th. Passed a restless night; had great trouble in evacuating the bladder; vomited while attempting to pass urine; complains of being chilly; redness of the skin, and slight increase of swelling in iliac fossa; position the same, on the left side with right knee drawn up. Temperature 103°, pulse 130. Has no appetite, but takes milk.

No change occurred up to November 8th. Bowels did not move after action of cathartic; vomits twice or three times in twenty-four hours; has chills occasionally. Temperature 103.5°, pulse 130. Countenance shows evidence of suffering; swelling, which is greatest immediately above a line from one antero-superior spine of ilium to the opposite one, has increased but little, and is not quite so firm.

November 9th. Was able to detect fluctuation in the tumor, and decided to evacuate it next day. A consultation was asked for and it was the opinion of counsel that no interference was justifiable.

November 16th. Patient in great pain from early morning until noon, when he had an evacuation from the bowels with temporary relief; at 3 P.M. had a very free evacuation containing a large amount of very offensive pus. Examination per rectum revealed a soft mass nearly in front and to the right of the rectum. Patient had changed his position to the right side. Temperature 100°, pulse 120. Pus continued to be discharged by the rectum for a number of days; tumor disappeared. Temperature became normal. Made a good recovery. Opening on antero-rectal wall closed in thirty days after perforation.

The conditions of this case may all be present from cold or strain or any traumatic influence, and we may have abscess perforating the cecum as well as the rectum.

CASE II. W. F., aged forty-five, was treated for diarrhea alternating with constipation for two weeks; suffered a great deal from pain near the umbilicus, and when constipation predominated, the abdomen was markedly tympanitic, tympanites being greatest in right iliac region.

December 25th. Diarrhea troublesome and attended with tormina; vomited once freely. Temperature 100°, pulse 90.

December 29th. Bowels constipated; pain and swelling in right iliac fossa; retraction of the thigh and right testicle; has vomited several times; extreme thirst. Pulse 100 and wiry, temperature 102°. Tenderness over lower abdominal region, urination being painful.

January 1st. Condition much the same; tenderness more circumscribed, and confined to right iliac fossa; swelling increased; fullness of superficial veins in right leg, and the dorsum of the right foot is edematous, showing obstruction to the circulation; takes whisky, milk, and quinia. Warm applications and fomentations to right iliac region.

January 4th. Tumor enlarged, with evidences of fluctuation. Delayed operation at the request of patient and family.

January 6th. Bowels moved once—a few scybalæ and an ounce or two of fluid containing mucus. Ate a soft boiled egg, and rested pretty well through the day.

January 8th. Diminished swelling in iliac region, and a general subsidence of symptoms. I began to think that I had been mistaken, and the friends of the patient were not slow in imparting to me their convictions also.

January 10th. I was sent for, and found patient suffering pain located at the saphe-

nous opening in fascia lata, and upon examination I found a small tumor in that region. To say that I was thunderstruck feebly expresses it, my first conviction being that my patient had been suffering for two weeks from an undiscovered femoral hernia. Carefully examining the tumor I became satisfied that a hernia did not exist, but that I had to deal with an abscess. Fluctuation being prominent, I asked to be allowed to puncture the tumor, but failed to get permission. Consultation was asked for and consented to.

January 11th. Tumor enlarged to the size of an orange, and with the consent of counsel I punctured it, and evacuated two pints of horribly stinking pus of fecal odor.

January 12th. Temperature 99°, pulse 90; no vomiting; milk and whisky taken with a relish. Gave an enema of soap-suds which was followed by a small evacuation in two hours.

Discharge continued from the opening until January 18th, when patient again complained of pain in the right iliac fossa. The pain continued in right side, and an enlargement was soon perceptible, which was attended by former train of symptoms. As soon as I detected fluctuation I made an opening in the tumor, and evacuated two thirds of a pint of yellow, watery pus. I tried to find the communication between the openings above and below Poupart's ligament, but was unable to do so. While pus was discharging from the saphenous opening, no tumor could be felt above Poupart's ligament. The superior opening continued to discharge for about two months, was closed June 1st, and patient discharged with a limp in walking as the only souvenir of his trouble. Was attacked with acute pneumonia the following winter, and died. No autopsy.

CASE III. J. S., aged thirty-five, was thrown into the water February 4th and received a thorough wetting, rode two miles with his wet clothes on, and was attacked with enteritis the succeeding night. I will not tire your patience with the history of this case. It was attended with the usual evidences of enteritis with circumscribed peritonitis.

February 18th. An enlargement was discovered in the right iliac region, painful and reddened; pressure produced nausea, and once vomiting. From my experience with the two preceding cases, I determined to watch my case carefully and operate at the earliest opportunity. Case made very slow progress; remained much the same from day to day.

February 26th. Tumor seems to be stationary as far as growth is noticeable; apparently softer. I decided not to wait longer, and, gaining the consent of the patient, I proceeded to operate according to the method of Dr. Parker, which is to make an incision two inches long parallel to Poupart's ligament over the center of the tumor. Cautiously dividing the abdominal wall down to fascia transversalis (in my case I used a director), and then, before going further, using the hypodermic syringe for exploration and to positively determine the locality of the abscess, I made a deep incision half an inch in length down to the cavity. I found no trouble in this case, and was surprised at the ease of its performance. I evacuated one pint and a half of yellow pus of markedly fecal odor; the odor became so offensive that attendants had to leave the room.

February 27th. Washed out the cavity with a solution of boracic acid, introduced a tent of slippery elm, and covered the wound with absorbent cotton, ordering the cotton renewed every six hours. Temperature 99°, pulse 100. Kept up drainage for one week; opening continued to discharge small quantity of pus for three weeks, and left a fistulous opening, which did not finally close until one year after the operation. Patient was able to walk with the assistance of a cane two weeks after the operation was performed; recovery rapid and continuous.

Was last seen July 22, 1884; he was then in good health; was able to follow the plow all day; did not limp in ordinary walking, but experienced a difficulty in climbing a ladder, or climbing over fences; he was unable to place the right foot on the rung of the ladder above the left foot without twisting his body out of the perpendicular.

The burrowing of pus from a typhlitic abscess beneath Poupart's ligament and presenting at the saphenous opening, as in Case II, must be rare, if I may judge from literature which I have been able to find upon the subject. If the pus had made its way beneath the ligament without presenting any marked symptoms of disease of the cecum, and the discharge had been confined to the saphenous opening, I might have doubted my first opinion's being the correct one. The distinctly fecal odor of the pus discharged, and the subsequent history point out the origin of the femoral abscess. Spinal abscess opening upon the thigh is

not so infrequent; there was no evidence, however, of any disease of spinal origin in this case.

I did not use the exploring needle in Case II in opening the abscess above the ligament; being confident of my diagnosis, I made an opening with a straight bistoury directly down to the abscess. Drainage and washings of carbolized water were used in Case II, being kept up until the seventh day after operating.

My paper would be too long if I went into detail concerning the symptoms connected with these cases, neither will I tire you with the daily history of washings, temperatures, dressings, and medicines used in these cases. I believe in an early resort to operative measures, at least as soon as any appreciable amount of fluid is accumulated. Case I had a very favorable termination, possibly the best that could have happened. Still, a rectal examination would have revealed the condition, and operative measures have saved the patient many days of suffering. Early evacuation stimulates absorption by relieving the pressure upon the orifices of the lymphatics. A diagnosis is not so essential in many cases; a diagnosis of a purulent accumulation in the right iliac fossa should indicate an operation for its removal, whether the cecum has any connection with it or not. As the larger portions of these fluid accumulations are extra-peritoneal, their removal is not attended with much difficulty, and the danger is small, if proper attention is rendered after the operation. The pressure upon the femoral vein and fullness of the internal saphenous I do not remember to have seen recorded. This was a feature in Cases II and III. Case II had a varicose ulcer developed on the dorsum of the right foot during the continuance of obstruction to venous circulation.

COLUMBUS, IND.

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ETHER AS AN EXPECTORANT.—A writer in the Therapeutic Gazette speaks highly of sulphuric ether inhalations as an expectorant in subacute or chronic bronchitis. He also recommends it to be taken in the following manner: Drop five to ten drops on a lump of sugar, and take every three or four hours.

THE Sanitary Council of the Mississippi Valley meets in New Orleans on the 10th of March.

# Miscellany.

UNIVERSITY OF LOUISVILLE.—The Commencement exercises of the Medical Department of the University of Louisville were held in Macauley's Theater on the afternoon of Tuesday, March 3d.

The occasion was one of peculiar solemnity, in view of the fact that it was made to commemorate in fitting eulogy the death of two eminent and beloved members of the Faculty. The audience was large, and the floral offerings numerous and exceptionally beautiful.

The exercises were opened with prayer by Rev. L. P. Tschiffely, after which the list of graduates was read by Prof. J. M. Bodine, the Dean, as follows:

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| Aviles, F., Nicaragua. | Johnson, B. Frank, Ky. |
| Anderson, Wm. B., Ind. | Johnson, James J., Ind. |
| Bell, John P., Ky. | Jones, Henry F., Ill. |
| Bingham, James S., Ky. | Johnston, Wm. B., Mo. |
| Blackstone, J. K. jr, Ind. | Keys, Thos. L., Ky. |
| Bragg, John R., Ky. | Kavanaugh, C. W., Ky. |
| Black, B. T., Ky. | King, Harry L., Ky. |
| Baber, Geo. P., W. Va. | Lackey, Chas. L., Ky. |
| Butner, Chas. A., Ga. | Lilly, Pleasant A., Ky. |
| Baird, Wm. L., Texas. | Lasley, Wm. W., Ky. |
| Brown, J. L., Ky., | Lewis, A. Stuart, Ky. |
| Brobeck, Alex. L., Tenn. | Murphy, Wm. H., Ind. |
| Bailey, John E., Tex. | Nunn, Joshua H., Tenn. |
| Cox, George N., Ky. | Overall, Wm. E., Texas. |
| Cox, Samuel A., Ky. | Parker, George W., Ky. |
| Craddock, F. J., Tenn. | Purdy, John, Ind. |
| Colson, Geo. P., Ky. | Pistole, Samuel W., Ky. |
| Casey, Levi B, Ill. | Reddish, Geo. M., Ky. |
| Corley, B. K., Texas. | Richardson, J. S., Ga. |
| Deanes, Sam. R., Miss. | Raby, James M., N. C. |
| Durrum, James C., Tex. | Rice, Daniel M., Fla. |
| Enright, John B., Ky. | Ross, Wm. P., Ky. |
| Evans, Whalon D, Tex. | Scott, Lewis M., Ky. |
| Francis, E. E., *M.D.*, Ky. | Schumpert, Thos. E., La. |
| Glahn, Jacob, Ky. | Stevens, Edwin A., Ky. |
| Glass, Archibald M., Ky. | Schramm, Chas. J., Tex. |
| Graham, Joseph B., Ky. | Shipp, Thos., Miss. |
| Hassell, Harris, Tenn. | Spearman, Wm. C., Tex. |
| Howe, Wm. D., Ky. | Shields, Wm. L., Pa. |
| Helm, Thomas D., Ky. | Stamps, John A., Ark. |
| Harris, Gholson C., Miss. | Sublett, John W., Tex. |
| Harrison, Isham, Miss. | Swope, Wm. A., Ill. |
| Hodges, Wm. A., Tex. | Smith, Romanus, Mo. |
| Hollins, Geo. M., Ky. | Tucker, J. P., *M.D* Tex. |
| Holt, Alfred, Miss. | Woodson, L. M., Tenn. |
| Harrison, C. M., Texas. | Wheelis, W. K., Ala. |
| Hoyt, F. C., *M.D*, Mo. | Wedding, M. F., Ind. |

The President of the Board of Trustees, the Hon. Isaac Caldwell, being absent in consequence of illness, the Hon. James S. Pirtle, of the Board, conferred the degrees and presented the diplomas to the members of the class. In doing so Judge Pirtle made a brief congratulatory address, which was replete with sound sense and good advice.

*The Roll of Honor.* It is the custom of the Faculty, by a rigorous competitive written examination, to select the ten best graduates for special distinction. In this "Roll of Honor" the following gentlemen won places in the order in which their names are given:

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| John P. Bell, Ky. | Archibald M. Glass, Ky. |
| Edwin A. Stevens, Ky. | Pleasant A. Lilly, Ky. |
| William D. Howe, Ky. | Thos. E. Schumpert, La. |
| Lewis M. Scott, Ky. | John A. Stamps, Ark. |
| L. M. Woodson, Tenn. | John W. Sublett, Tex. |

The Faculty's prize, the Yandell gold medal, for the highest class standing, was awarded to John P. Bell, M. D., of Kentucky; the second prize, a gold medal, for the second place, to Edwin A. Stevens, M.D., of Kentucky; and the third, a gold medal, to William D. Howe, M.D., of Kentucky.

It is worthy of note that Messrs. Bell and Stevens took the same relative rank in the under-graduate contest of last year. It is hoped that like success will continue to attend them in an honorable rivalry for professional eminence. They have given pledges of zeal for science and high achievement which in a brilliant future their *alma mater* expects them to redeem. They have already made a reputation, to sustain which will call for strenuous efforts through many years to come.

To Richard B. Adkins was awarded the first prize, a pocket-case of instruments, offered by Arthur Peter & Co., druggists, of this city; to John P. Barber was awarded the second prize, a copy of Gross's Surgery, offered by John P. Morton & Co., publishers; and to Thomas E. Gosnell the third prize, a pocket-case of instruments, offered by Adolph Fischer, of this city.

The class valedictory was delivered by Dr. John B. Enright, of Kentucky. In his remarks to the Faculty the speaker in fit manner discoursed upon the death of two of its number during the past year, Drs. L. P. Yandell and T. S. Bell.

Prof. John A. Octerlony pronounced a eulogy upon the life and character of the late PROF. L. P. YANDELL. He said:

Lunsford Pitts Yandell was born on the 6th day of June, 1837, on his father's plantation, "Craggy Bluff," in Rutherford County, Tennessee.

He came of a family for generations distinguished in the annals of American medicine. His father was the late Prof. L. P. Yandell, celebrated for great learning and eloquence, and not only a skillful physician, but also a renowned chemist and geologist. His mother was Susan Juliet, daughter of David Wendell, Esq., of Murfreesboro, Tenn. In her were combined all nature's choicest gifts. With uncommon beauty of form and features were united rare intellectual endowments; graceful and gracious, of refined manners and sprightly conversation, yet profoundly reverent and devout, she won the love of all who knew her.

To her son she must have been the ideal of womanly perfection. He loved her with more than ordinary filial affection, and during her last illness his unwearied tenderness and ceaseless, gentle cares sweetened her failing life, and commanded the reverent admiration of all who witnessed these touching scenes.

The son of such parents could not fail to be a gifted being. This was proved at every step of his career. The family having moved to Louisville, young Lunsford became the pupil of the late Prof. Noble Butler, who was one of the most noted educators of his time. From him he received the training suited to his years, but we may readily conceive that his illustrious and learned father had the chief share in molding his tastes and developing his intellectual powers. Their companionship was close and constant, and their relations through life remained most beautiful. What lessons of mind and heart were imparted in those happy hours of unrestrained intercourse between them! How the father must have poured forth in rich abundance the vast treasures of his learning! How the son must have received with rapt attention, and pondered in his heart the wise parental teachings!

The love of natural history for which Lunsford became conspicuous in after life was early discerned by his father and sedulously fostered by him. While yet a boy he displayed unusual fondness and aptitude for the study of medicine. His father was one of the founders of the University of Louisville, in which at this time and for many years he held a leading professorship. Profs. Austin Flint and S. D. Gross were also members of the Faculty. It was in this great school that young Lunsford became a student. Under the tuition of such men his medical education necessarily became both comprehensive and thorough. He pursued his clinical studies under the guidance of his elder brother, Prof. D. W. Yandell, in the wards of the Louisville City Hospital and in Stokes's Dispensary, then under the direction of this eminent surgeon. With such ardor and success were these studies prosecuted that the "Doctorate in Medicine" was conferred upon him in 1857, when he was hardly twenty years of age.

Shortly after his graduation the young physician removed to Memphis, Tenn.; where he soon established a lucrative practice, and rose so rapidly in professional esteem that he was elected, in 1859, to the Professorship of Materia Medica and Therapeutics in the Memphis Medical College. This place he filled with great honor to himself and increasing advantage to the school.

But soon the civil war broke out and interrupted his scientific labors. One so keenly alive to all that was going on around him, the "*quicquid agunt homines*," could not help taking a deep interest in the great questions which then agitated the country and roused the passions of the people. With all the enthusiasm of youth and of an ardent temperament he plunged into the war, and enlisted as a private soldier in the Confederate army, and, with all the loyalty of a noble nature, he ad-

hered to the Southern cause. He fought in the first battle of the Southwest, at "Belmont." Gen. Polk, who commanded the Confederate forces, having been informed that Dr. Yandell was serving as a private in the ranks, called him to his headquarters. When the young soldier came he said: "Yandell, we need men to carry muskets, but we need surgeons too; and one of your name naturally belongs to the medical department of the service. Please, therefore, report to the Medical Director of the army, who will assign you to duty in his department." He passed the required examination and was commissioned a surgeon. Later on he was under the terrific fire at Island No. 10, and was one of the few who were fortunate enough to escape from the island and reach the Confederate lines. He took part in the sanguinary battle of Shiloh, and was complimented in general orders for gallantry on the field. It was here he came under the immediate notice of Gen. Hardee, at whose request he was assigned to duty as staff-surgeon and medical inspector of the corps. These posts he filled with signal distinction until the final surrender in 1865. He participated in nearly all the hard-fought battles of the Southwest, and after each received honorable mention in general orders, not only for his admirable care of the sick and wounded, but for gallantry on the field of battle.

His amiable and cheerful disposition, his ability and faithfulness in the discharge of duty, his kindness and sympathy for the sick and wounded, won for him both respect and affection. He was the life and soul of the mess around the blazing camp-fire. On the eve of battle, on the dreary march, or amid the horrors of defeat, his genial presence infused new cheer, and mitigated the hardships of war. Of all the Confederate soldiers who served with him none was known ever to speak of him but with kindness and respect.

At the close of the war he returned to Louisville and engaged in the practice of his profession. Old friends and acquaintances gladly welcomed him, and he quickly made new friends. My first recollection of Lunsford Yandell dates from this time, and is most vivid and pleasing. The occasion was a fancy dress ball at the residence of Mr. Chas. Cobb, of this city. Lunsford personated a knight of the sixteenth century. His costume of black and gold was most becoming, and admirably served to set off his splendid figure. He appeared to me to be the handsomest man I had ever seen—perfectly unconscious of his great attractions, and happy in the possession of youth and health and the good will of all around him.

His practice rapidly increased, and before long his *clientele* consisted not only of the best people in the city, but of important cases sent him from remote parts. Professional journeys to distant places became frequent. But few hours were left for recreation and rest, yet he had always time to give to the poor. How ceaseless were his ministrations to them was not known save by a few, but from his confidential letters we glean words and incidents which reveal, in part, his generous expenditure of time and labor, where no remuneration could be expected and none was asked.

In the latter part of 1866 he married Miss Louisa Elliston, of Nashville, Tenn. It was a most happy union. When he brought into his home his lovely bride, he also brought in her his good genius—

"A guardian angel, o'er his life presiding,
Doubling his pleasures and his cares dividing."

Four charming children were born to them, the youngest of which is a son, who bears his father's name and beautifully resembles him in features. Shortly after his marriage he sailed for Europe, accompanied by his wife. They remained abroad for a year. During this time he visited the great centers of medical learning in the Old World, and made the personal acquaintance of all the leading men in the profession. Wherever he went he made a most favorable impression and received unusual attention and courtesy.

His studies were pursued in earnestness, but in his own original way. No blind worshiper of authorities, he observed men and their teachings with rare discrimination. While gathering information from innumerable sources, he never lost his intellectual independence or merged his own individuality into that of the great masters, whom he carefully studied yet as freely criticised.

On returning to Louisville in 1867 he was elected Professor of Materia Medica and Therapeutics and Clinical Medicine in the University of Louisville. This was the beginning of his real life-work, and the best part of his scientific work was inspired and effected by his connection with this great institution. Lunsford Yandell took great pleasure in teaching, not only because he loved the work for its own sake, and was admirably fitted for it by nature and training, but also because of his great desire to be useful in the highest and widest sense. The University was to him an object of intense and passionate devotion. His illustrious father was one of the founders of her medical department. His beloved brother had graduated there, and, by his great powers as a teacher, and wide-spread fame as a bold and skillful surgeon, he had still more closely connected the name of Yandell with her greatness and her glory.

Lunsford himself had studied within her walls. She was his "*alma mater*," and now he became one of the faculty of this University. With characteristic energy he strove; ceaseless were his labors; the ardor of his devotion never cooled. Where the interests of the University were in question, he knew neither friend nor foe, and thought but of her good.

To the great work of educating young men for the medical profession he brought many splendid qualifications rarely combined in one person. In the lecture-room his noble countenance was ever "a pleasing sight and a delectable presence." His commanding figure and dignified deportment inspired interest and respect even before he began to speak, and his rich and melodious voice enthralled attention. His language was simple and his style was forcible and clear. He had great powers of generalization, and positive and profound convictions; yet he was thoroughly progressive, and with the great John Hunter he could say, "These are my opinions to-day, I know not what they will be to-morrow."

Year after year the following passage was copied in his day-book, that his eyes might often fall upon it:

"I am not at all embarrassed because the opinions I held at one time are opposed to those which I hold at another. I am not incapable of being mistaken."

In the class-room he always preferred demonstration to mere description, and original observation and deduction rather than repetitions of other men's opinions. His lectures were

> ——"With wisdom fraught;
> Not such as books, but such as practice taught."

The influence he exerted upon the students was always for good. Nothing unclean ever soiled his lips, whether in conversation with them in clinic or in didactic lecture. In all his teaching there was an undertone of deep religious feeling and great reverence for woman, which imparted a dignity and impressiveness entirely distinct from the eloquence of his style, the music of his voice or the nobleness of his presence.

A taste and talent for literary labors was to be expected in the sons of the elder Yandell, who wielded so pointed and so vigorous a pen. For half a century he exerted an influence in medical literature so wide and deep that its effects have even yet not passed away. Young Lunsford at an early period of his career became a contributor to various medical journals. His correspondence from Europe on medical men and matters was read with avidity, and elicited unusual comment and admiration. They deserve a place by the side of those masterly medical letters of Prof. David W. Yandell which won such great applause at the time of their appearance.

In 1877 Lunsford Yandell became the co-editor of the LOUISVILLE MEDICAL NEWS, with the lamented Cowling, and continued this arduous work until compelled by ill health to retire. But with regained health came also a return of energy and a desire for more extended usefulness. Again he took editorial charge of the MEDICAL NEWS, and continued to be its chief editor during the remainder of his life.

Few persons realize what a Sisyphus rock a weekly medical journal is to its editor. No sooner has he completed one number ere the next must be prepared—there is no rest. Yet, worn with professional duties and the ceaseless exactions of an onerous practice, Lunsford Yandell ever returned to his editorial work with fresh zeal and unabated vigor. The LOUISVILLE MEDICAL NEWS is a monument to his tireless energy and literary powers.

The publications which gave him widest reputation, and in which his peculiar merits as a writer most conspicuously appear, are his clinical lectures on dermatology. A simple style, clearness and conciseness of description, great grasp, and a keen appreciation of essentials, made these lectures deservedly popular, and impressed the profession with the learning and practical skill of their author.

But it was especially as an epistolary writer that he excelled. Here he displayed genius. It has been said that letter-writing is a "gift," and also that it is now one of the lost arts. Lunsford Yandell's pen gave brilliant evidence that it remained a living art in the year of grace, 1884, no less than in the seventeenth and eighteenth centuries, when Madame de Sevigne and Lord Chesterfield wrote and charmed their readers with their celebrated letters. Lunsford Yandell's correspondence was copious and varied, but every where one is enchanted by an unstudied grace and an unrestrained naturalness in thought and expression; an artless eloquence and simple pathos command the reader's admiration while they invoke reflection. His letters evince a wonderful power of adaptation. To a friend he writes in the mild light of calm philosophy; his children are addressed in a style so inimitable that Hans Christian Andersen could not have excelled it. Others again so sweet, so pure, so sacred, they may not even be named. In all he writes as a sincere lover of God and of his fellow men. Their beauty and their pathos make the elegant and petty gossip of De Sevigne and the polish and diplomacy of Chesterfield seem very trivial and cold and artificial.

The elder Yandell, himself one of the most distinguished naturalists of his day in this country, inculcated a love of natural history in all his children. Lunsford became very proficient in geology. He enriched and completed the magnificent cabinet his father had collected, and displayed wonderful skill in restoring imperfect fossil formations, so that in many a specimen it was not easy to decide which was the work of art and which of nature. He remained all his life an ardent lover of nature in all her moods and aspects; in her small and hidden ways as well as in her grander and more striking revelations. His letters, lectures, and conversation teemed with apt and beautiful illustrations, drawn from his rich stores of natural science. Indeed, I can not help the thought that but for his warm and deep sympathy, for his kind and never-flagging desire to relieve suffering wherever found, he would have become a naturalist instead of a physician. It adds new beauty to his life to know that throughout his course he sacrificed his own preference in order to serve the better his fellow men.

As a physician he was learned and skillful, conscientious, faithful, painstaking and sympathetic. With great respect for himself and for his office, he inspired his patients with the same feelings. He had confidence in himself and in his powers, and great faith in the power of the healing art. To him medicine was not so much a profession (and still less a trade) as it was a priesthood, and the practice of it a sacred function—the physician a priest—the altar humanity—the sacrifice himself. He was most reluctant to decline any call to visit the sick, no matter how inconvenient to himself, especially if the patient happened to be poor. In the summer of 1883, while far from strong himself, he wrote: "And now I must finish this letter, for I have to go a long way to see a sick child; no pay, but I may do it much good, and thereby give its parents much happiness." Such acts as this made luminous his days and blessed his sleep with dreams of paradise.

One of the articles of his medical creed was that a physician should always first ascertain the mode of action and effects of medicines by experiment upon himself before prescribing them to his patients. He practiced what he preached, and it is safe to say that he had tested upon his own person the powers of all the important drugs he made use of in his practice. Medicine was to him emphatically "the healing art." The great aim before him was to cure, to relieve. Other branches of medical science had less charms for him, who e'er

> "Intent on somewhat that may ease
> Unhealthy mortals, and with curious search
> Examines all the properties of herbs."

In science we have a part of an eternal writing unrolled, the rest is unrevealed. We can not read the context. We see a part of the great chart or map of truth, in which we can follow only certain tracks or paths. A section of a diagram is before us, the complement of which we do not know. But his broad generalizations enabled Lunsford Yandell to occupy higher ground and to take larger views and penetrate more deeply than is possible to those who merely crawl among the mists and mazes of bewildering and conflicting details. He was a loyal champion of the great principles in which he believed. With dauntless courage he defended them against all assaults, no matter in what shape or from what quarter they might come. Fidelity to what one believes to be true, moral courage in adhering to one's convictions before the world, is the greatest lack of our time. The age lacks sincerity, and what men most lack is the feeling that they should be true to the right; and that to be manly is to be ready to follow the truth, under whatever guise it may come, to whatever it may lead. It was just the possession of this rare quality that made Lunsford Yandell so conspicuous, and caused men to admire even while they opposed him.

He was a man of varied powers and of a many-sided character. Like a perfect gem, emitting light in all prismatic colors, and from a hundred brilliant facets, his rich and complex nature presented a new yet ever beautiful aspect from whatever side it might be viewed. Thoroughly original in thought and independent in action, he could not be a man of routine, and never did the same thing twice in exactly the same way.

In the midst of absorbing duties, of steady hard work, the current of his life flowed swiftly on. But his usefulness received many a check. Attacks of illness time and again interrupted his labors, but he returned to them with unwavering determination and in a spirit of hope and cheer and trust. Shortly after his forty-sixth birthday he wrote:

"I have grown much older in the last four years, at the rate of about four years to the twelve months. As I take stock of life at forty-six, I rather believe I can see some progress during the past year. My health, on the whole, enables me to work better than formerly, and I have done some writing and studying and lecturing. Honest work is never lost, and I have idled little in any way."

The various attacks of illness that came upon him were as the distant but ominous sounds which often precede an earthquake. All of a sudden it came. The glorious edifice of his life crumbled into instant ruin, and only the blessed memories of what he had been remained. On awakening in the morning of the 12th of March, 1884, he complained of a violent indisposition, and suffered much all day. Toward night he appeared more at ease and asked for food. A few minutes later he was seized with a sudden angina, and then—the silence and sleep of death settled upon him.

"There was no cold gradation of decay;
Death broke at once the vital chain
And freed his soul the nearest way."

"Then fell upon the house a sudden gloom,
A shadow on those features fair and thin,
And softly from the hushed and darkened room
Two angels issued, where but one went in."

He was gone! His calm and silvery voice will be heard no more. Never again will be seen on earth this perfect type of manly beauty—noble in aspect, pure in heart, kind and affable in conversation, faithful in friendship, vigorous and persevering in all good works!

The news of his death spread with lightning speed, and created a profound and sorrowful impression—a whole people mourned; all classes united in one common grief. Hearts aching with sorrow throbbed in many a lordly mansion. Among the poor a wail of anguish went up, for they had lost their friend. Even in the purlieus of vice, in dens of sin and shame, eyes unused to tears wept, for the good physician was gone; he who had only words of kindness for them in their misery and degradation, whose voice was ever soft and gentle, whose mild and noble features ever expressed the divine sympathy that directed his ministrations even to the most abandoned of mankind. His deeds of mercy strewn along his path and shining as stars in the firmament do follow him.

At the grave the poor, the friendless, the fatherless, the widow wept in sorrow for their loss, and with voice broken with sobs invoked God's blessing on the dear ones he had left.

The medical profession of the city and of the whole State was profoundly moved with grief at his death. Their public and private expressions of sorrow and sympathy were re-echoed from every part of this vast continent; and messages of affection and regret came even from distant hemispheres across the sea.

Thus died Lunsford Yandell in his forty-seventh year. It was a short life measured by years, but of unusual compass when one reflects on all that he accomplished. He crowded within its brief space more noble thoughts, more earnest endeavor, more varied labors, more stirring activity, more brilliant achievements than go to make the sum of fifty ordinary lives.

I have sketched his public course. Will you pause a little while I draw the vail that shrouds his inner life as I have learned to know it?

Gifted with extraordinary abilities, and amid opportunities well fitted to stimulate ambition, yet he was signally free from the sway of this passion. During the last year of his life he gave much of his leisure to the reading of Carlyle, in one of whose letters the following passage occurs, which seems to have made a deep impression on Lunsford and coincided with his own feelings, for he marked it and surrounded it with lines as if he wished to have his eye directed to it whenever looking at the page:

"As to fame, and all that, I see it already to be nothing better than a will-o'-the-wisp which leads one on through quagmires and pitfalls to catch an object which, when we have caught it, turns out to be nothing."

In a letter of his own, he writes:

"I do not care to have my name live, save for my children's sake, but I wish to sow the seeds of good in this life, which may fructify both this and coming generations; which may bring forth good fruit that shall feed men and form them for God's work."

He was endowed with extraordinary energy and perseverance in the pursuit of any object he thought worthy and wise; never dismayed by difficulties, never deterred by obstacles. To him

difficulties were things simply to be overcome; obstacles merely things to be removed. He never failed in any thing he undertook. Men marveled at his success, but few understood the secret by which he succeeded.

"What was my art?" said Richelieu. "Genius, some say; some fortune; witchcraft some. Not so; my art was *justice!*" Lunsford Yandell loved justice, and feared naught so much as to be unjust to any one. After having achieved a great success he wrote to the trusted sharer of his joys and sorrows:

"But, after all, our great strength consisted in taking the just, which is always the strong because it is the right side."

To say that he was free from envy would be but scant justice, for he was remarkably free from this low but common fault, and possessed in an unusual degree the opposite virtue. Magnanimity was a distinguishing feature of his character. In the controversies which official position or a sense of duty compelled him to engage in, he was the sturdy champion of principles, and waged relentless war in behalf of them. But he harbored no ill-will toward his opponents. No one ever forgave personal injuries more quickly and completely than he did. Some time after a certain personal disagreement he was heard to ask of a friend: "Did I not have a quarrel once with Dr. ——? What was it all about? Do you remember?" So completely had he forgiven. With him the remedy for injuries was to forget them.

"Some grave their wrongs in stone; but he, magnanimous and serene, wrote his wrongs in dust; he trod them under foot, blotted them out, and grieved only that they could not escape the eye of the Almighty."

He was lenient toward the weaknesses of men, found extenuating circumstances for their faults, and always tried to think the best of all. He was a man of deep and tender sympathies, and as he advanced in life—as the depth of its meaning became more and more clear to him, as he came to feel the gentle pressure and guidance of an "Unseen Hand"—his sympathy for the suffering and sorrowing, the weary and heavy-laden, became also more broad and tender, until it enfolded in a sweet embrace all God's creatures. Whatever of human weakness and imperfection might attach to him, he certainly made no effort to appear other than he was. No one had less hypocrisy in his composition; no one could be more genuine. Though with charming candor he avowed his faults, yet with the delicacy of a sensitive nature he shrank from revealing those priceless treasures of mind and heart of which he was possessed, and which, when once discerned, inspired love and admiration. Could I but interpret to the world one half of the noble thoughts and lofty sentiments which lie buried in his grave, I should bestow a greater benefit upon the world than I can ever hope to accomplish.

No one ever set a higher value on true friendship; no one had more friends than he; no one loved his friends more than he; no one was ever more loved by his friends than he.

> "His sweetness won a more regard unto his place
> Than all the boist'rous moods
> That ignorant greatness practiceth."

It was his delight to gather his friends around him in his beautiful home. He was a charming host, and never appeared to greater advantage than on those bright occasions when in the midst of his chosen guests he dispensed a refined and genial hospitality. His highest happiness was centered in his home. A loving and devoted husband, "his wife was the ocean to the rivers of his thoughts." The paternal instinct was never more strongly displayed in any man—it had developed into a principle of his being; an ever present motive; molding his utterances, guiding his actions toward the one end—the welfare and happiness of his c ildren. His was a cheerful and a happy life. Among friends and pupils, in his home and abroad, by precept and example, he taught the duty of cheerfulness.

"Cultivate a habit of cheerfulness," he would say; and again, "A wide-spreading, hopeful disposition is your only true umbrella in this vale of tears." In one of his letters he wrote: "Learn to be happy; happiness is chiefly self-contained."

No one better knew than he the depressing effect of sickness and how easy an over-worked brain engenders fretfulness and irritability. "Bad health" (he said with Carlyle) "does indeed undermine me more than all other calamities put together." Yet while pressed by the exacting duties of his professorship and editorial position, worn by an arduous practice and by bodily pain, he was ever cheerful, and could feel and write:

"It would be very wicked and ungrateful in me ever to be sad a single moment, for God is so good to me."

It was this faith in the goodness of God which built for him a bridge across the gulf of death and landed his thoughts peacefully on the farther side.

> "And now he rests, his greatness and his sweetness
> No more shall seem at strife,
> And death has rounded into calm completeness
> The statue of his life."

One by one I have taken up the many threads of his beautiful life, and with unskillful, but with loving hands, have tried to weave them into one connected whole. You who knew Lunsford Yandell and loved him, will feel with me how imperfect, very far beneath his merits, my work has been. Yet there is but one thing more for me to say; one more tribute to offer to his beloved memory. The laurel wreath upon his monument, the sum of all he was, and all he did—

"He added Lustre to Ancestral Glory!"

This was followed by a eulogy on the life and character of the late Prof. T. S. Bell. The speaker was Prof. W. O. Roberts. He said:

*Gentlemen of the Graduating Class:*

During the scholastic year of the Medical Department of the University of Louisville which closes with this evening, four gentlemen, who were at one time teachers in this institution, have died. Two of them, Dr. Lunsford P. Yandell and Dr. Theodore S. Bell, were instructors of most of you now present. The two others, Dr. Samuel D. Gross and Dr. Benjamin Silliman, were professors in the school at an earlier day. Dr. Yandell, the youngest and the pupil of the other three, died first. You have just heard the tribute to his worth paid by his associate, Prof. Octerlony. I have been selected by my colleagues to say something of the life and

services of Dr. Bell, who but a few weeks ago you were wont to hear as he told how life might be prolonged and the prevention of disease effected.

Theodore Stout Bell was born in Lexington, Ky., in 1807. His parents were very poor. His early life was full of hardships. While still a youth he was apprenticed to a tailor, and actually began the study of medicine while engaged at his trade. He was frugal, and managed in time to set aside a sum sufficient to enable him to enter Transylvania, at that time one of the two medical schools west of the Alleghanies. He soon attracted the notice of Dr. Benjamin Dudley, then the most famous surgeon and teacher of surgery in the Mississippi Valley, and had the good fortune to become one of his private pupils. After following the prescribed course of study, he graduated with distinction. Soon after he selected Louisville as his future home, and bringing with him a fine ambition and strong health he came here and entered upon his work. His industry and kind attention to his earlier patients quickly brought him others, and he soon acquired a large practice, which, had he chosen, he could have held to the last, for no physician ever had a stronger hold than he on his patients.

He had an uncommonly fine physique, and while but of the average height, his shoulders were broad, his chest deep, his limbs strong, and his entire make-up solid. These valuable points were crowned by that greatest of all earthly blessings, health. If now to this whole we add the needs which attend poverty, an almost fierce love of knowledge, great ambition, a quick and vigorous mind, and a memory tenacious of details no less than of larger things, and it was easy for Dr. Bell's early masters to foretell, as they did, his career. It was said of him by the intimate friend of a lifetime, the late L. P. Yandell, sr., himself one of the most active and industrious of men, that he had not known a man so capable of work and so fond of it as Dr. Bell. The machinery both of his body and his mind was so strong and so well adjusted that it seemed never to weary, and rarely to need the ordinary periods of rest. During almost his entire life he gave but six hours in the twenty-four to sleep, and for very many years he worked twenty out of the twenty-four hours.

He was a great and an absolutely omnivorous reader. The boundaries of his own and best loved science were all too small for his wide tastes, and in his greed for knowledge he laid hold on the sciences at large; on theology, on history, both that of the remote past and that current of the day; on the languages dead and living—in a word, on every available source of knowledge. He made himself a scholar in Greek while working as a journeyman tailor. Later in life he undertook the study of the Hebrew language, in order that he might assist in the preparation of a new version of the Bible, which was being made under the auspices of the church to which he belonged. He read Latin and French well nigh as fluently as he read English, of which he had an uncommon knowledge.

Yet these varied tastes and diverse studies were not allowed to interfere with the chief business of his life—the study and practice of medicine. Greek and Sanskrit, Latin and French, and such other studies as he pursued seemed to supply him with what others find in society or travel, or in games, or the rod and gun, namely, recreation. He recreated himself by taking up a new branch of science, watching the growth and flowering of a new plant, or tracing through their arms and utensils the life and habits of a prehistoric race. It might be truthfully said of him that he seldom rested from and never wearied of study. Yet, as I have remarked, though so zealous a student, he was noted as a practitioner of medicine. His uncommon learning made his opinions much sought after, and his experience gave them much weight. He was quick, though painstaking in the sick-room. His devotion to his patients was only exceeded by their devotion to him. His assuring manner and kindly ways won hearts from the beginning to the close of his days. He has been called a theorist, and theorist he was. But there can not be a practice of medicine without a theory of medicine, and he who is strongest as a practitioner of the art must also be best versed in its theories. In truth, the theories of yesterday become the practice of to-day, while the practice of to-day furnishes the theories for the morrow.

All of you, graduates, have heard him lecture many times. You could not but be struck with his learning, and as you grow older and come with age to know how great and many-sided that learning was, you will value his teachings more and more. His utterance was quick, his gestures were few. He threw his whole soul into his lectures, as he did into all else he undertook.

He was an uncommon lover of flowers, and cultivated them with zeal and success. His office and bedroom were crowded with living plants, while roses and trailing vines grew in the windows and were made to cover the roof of his house. He loved children, and gave much more of his time to them than he did to those of larger growth. He was himself simple-hearted and credulous as a child. And yet, as has been said by another, Dr. Bell was a medical warrior. He was certainly a man of strong convictions, and quick to speak in their defense. These qualities led him often into controversy, and he early acquired reputation as a disputant. His learning, trenchant wit, ready powers of repartee, and accurate memory, added to a facile pen, made him an always dangerous adversary. It is related that George D. Prentice remarked to a writer who had prepared an assault upon Dr. Bell on some scientific matter, and which he wished to publish in the Louisville Journal, of which Mr. Prentice was the editor, "Attack him if you will, but he's as dangerous as a live lion, who, if he doesn't bite your head off, will claw your in'ards out." The writer, whose courage outran his discretion, precipitated the war, and met the fate foreshadowed in Mr. Prentice's admonition.*

Those of us who belong to a younger generation saw but little of that side of Dr. Bell's character, for as he grew older he grew more tolerant and gentle, and lived more with his books, his flowers, and his grandchildren. Until his buggy was seen no more on the streets, it was rarely seen when one of its occupants was not the grandchild of its driver.

"It may be truthfully said that during the half century of his sojourn here, no worthy event or institute, medical, religious, political, educational or charitable, was projected or brought to light which did not enlist his warm interest in its behalf, or earnest labor for its success."†

*I am indebted to Dr. D. W. Yandell for this anecdote.
†Louisville Medical News, Vol. xix, No. 1.

He was one of the incorporators of the Institute for the Blind, which has done so much for the education, usefulness, comfort, and happiness of that unfortunate class of our fellow men. Next, perhaps, to his patients proper, he gave his time to the sightless inmates of this noble charity, over whom "he watched with the tender solicitude of a father, and many a soul doomed else by fate to grope its lifelong way through the world in total darkness found in him 'eyes' by whose aid it might walk securely and catch glimpses of light and beauty from the scenes around."*

When a very young man Dr. Bell united himself with the church, and throughout his long life his walk and conversation were those of a Christian. The wider the range his studies took, the farther his vision extended into the domain of the sciences, the broader and deeper, the clearer and more positive his faith in the truths of the Bible seemed to grow; and finally, though admonished by repeated seizures of the malady which at last took him off so quickly, his trust that he would enter on another and a better life when this one here was ended was so complete that he seemed to give the matter scarcely a thought, but busied himself the rather with plans for the happiness of those he loved and expected so soon to leave. When a little past middle age he lost his wife, a superior woman, to whom he was sincerely attached. After that great misfortune he withdrew into himself, and rarely went out after nightfall, choosing to spend his evenings in his office, his books his only companions. For some years before his death one of his grandsons was in the habit of going at night and occupying a bed in his room. It so happened that on the day preceding his death he had given the youth permission to pass the night in the country. The next morning when his servant entered the room, his master, its only occupant, lay dead on the floor. An open book lay on a table near the head of the bed. He had, as was his wont, evidently been reading after he had retired. He had long been a sufferer from a dilated heart accompanied by its frequent associate, asthma, and it is not unlikely that, in one of the suffocative seizures which make this combination so hopeless and so dreadful, he had risen to open a window that he might catch a breath of fresh air, and in the effort had fallen dead. This was on the 28th day of December. Dr. Bell had often expressed the hope that he might be permitted to work to the last and then pass quickly away. His hope was fully realized, for he was busily engaged to within a few hours of his death, and he doubtless passed in a twinkling into the "gathering silences."

Though he seemed never to give thought to the accumulation of money, and dealt charity with an open hand, Dr. Bell had so few wants, and they so simple and inexpensive, that he died possessed of a handsome competency.

Gentlemen, the lesson of the life which I have so briefly and imperfectly described is easily told. Industry and strong will joined to lofty purpose and incessant application overcome every obstacle, bring happiness to their possessor, and leave a name which men "will not willingly let die." Such is the lesson which the faculty would have you draw from the life of their late colleague. Farewell.

*Louisville Medical News, Vol. xix, No. 1.

The exercises closed with the benediction, pronounced by the Rev. L. P. Tschiffely. The young doctors wore their honors most becomingly, and the eloquent addresses were delivered with grace, with force, and solemn dignity.

EUPHORBIA PILULIFERA IN DYSPNEA.—In an article on Contributions to the Study of Euphorbia Pilulifera (Therapeutic Gaz.), Dr. A. Marsset, of Paris, France, says the drug gives good results in attacks of dyspnea caused by spasmodic asthma, emphysema, or chronic bronchitis. It seems to act directly on the respiratory and cardiac centers. The dose is usually one to ten grains, either in form of a decoction, an aqueous extract, or tincture. It is an irritant to the gastric mucous membrane, and should be given at meal times largely diluted with water.

BORO-BENZOATE OF SODIUM.—The American Journal of Pharmacy recommends for the preparation of this salt the following formula:

| | |
|---|---|
| Borate of sodium, | ℥iij; |
| Benzoate of sodium, | ℥iv; |
| Water, | q. s. |

Dissolve both salts, filter, and evaporate to dryness with constant stirring.

COCAINE IN IRRITABLE BLADDER.—Mr. Edward Bellamy reports (Lancet, February 14, 1885) success with cocaine in cases of irritable bladder with spasmodic contraction of the sphincter vesicæ. He uses it in the form of gelatine bougies, each containing one quarter of a grain of the cocaine hydrochlorate.

AN editorial in the Journal of the American Medical Association, relative to the tolerance for large doses of medicine in certain diseases, says: "The present popular tendency to use large doses of alcoholic remedies in diphtheria is productive of positive detriment to the patient."

THE English Collective Investigation of Disease Committee find that less than one tenth of all cases of diphtheria can be traceable to defects in sewerage or drainage. They claim that it is epidemic and sporadic.

DR. J. W. MALLETT has resigned the position of Professor of Chemistry in the Jefferson Medical College, of Philadelphia. It is stated that he expects to return to the University of Virginia.

The Louisville Medical News.

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## THE ALUMNI ASSOCIATION.

A meeting of the Alumni Association of the Medical Department of the University of Louisville was held in the college building on the evening of March 2d. The following officers were elected for the ensuing year: President, Dr. Peter Guntermann, class of '69; First Vice-President, Dr. C. W. McIntyre, class of '83; Second Vice-President, Dr. H. W. Alexander, class of '56; Secretary and Treasurer, Dr. D. L. Washburne, class of '83. A committee, consisting of Dr. W. B. Doherty, class of '72, Dr. Ap Morgan Vance, class of '78, Dr. J. Morrison Ray, class of '82, was appointed to select an orator for 1886. Dr. W. O. Roberts, class of '69, Dr. Henry M. Pusey, class of '80, Dr. F. C. Leber, class of '64, Dr. J. M. Clemens, class of '57, Dr. E. R. Palmer, class of '64, and the President, *ex officio*, were selected as a committee to consider the feasibility of an annual or triennial banquet, the first of which is to be given on the night preceding the next annual commencement exercises.

Take it for all in all, this meeting may be regarded as the most important held since the organization of the society. The newly-elected officers and members of the committees are for the most part young men who bring to the work ability, ambition and enthusiasm.

The committee has promised to secure the services, as orator, of one of our *alma mater's* most distinguished sons, and no pains will be spared to secure a large attendance of members, with fit entertainment for them when they come.

These fair promises, however, are destined not to be realized, if every thing be left to the officers and committees. It is to be hoped, therefore, that every alumnus will awake to a sense of personal responsibility in the matter, and at once, putting himself in communication with the Secretary, report for duty. Let him take tribute of his time, talent, influence and purse (the tax upon the latter can never be more than a trifle), for the furtherance of the good work, and the highest hopes of the Society's most enthusiastic supporters will find full fruition ere another twelve-month shall roll around.

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THE death of Dr. Louis Elsberg, of New York, is announced to have taken place on February 19th. Dr. Elsberg was one of the most prominent laryngologists of the present day, and started the first clinic for the exclusive treatment of throat diseases in this country. He was the editor of the Archives of Laryngology up to the time of its suspension. He had been suffering for some time from Bright's disease, but the immediate cause of death was pneumonia.

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DR. JAMES E. REEVES, because of continued ill health, has resigned the position of Secretary of the West Virginia State Board of Health. Dr. L. D. Wilson, of Wheeling, has been appointed by the Governor to fill the vacancy.

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THE Commencement exercises of the University of Nashville and Vanderbilt were held on February 26th. The graduating class numbered one hundred.

# Bibliography.

**Lectures on the Principles of Surgery.** Delivered at the Bellevue Hospital Medical College, by W. H. VAN BUREN, M. D., L.L. D. (Yohn), formerly Professor of Principles and Practice of Surgery in Bellevue Hospital Medical College; one of the Consulting Surgeons New York Hospital, Bellevue Hospital, Presbyterian Hospital; formerly President New York Pathological Society, Corresponding Member Surgical Society of Paris, etc. Edited by LEWIS A. STINSON, M.D., Professor of Physiology and Clinical Surgery, in the Medical Department of the University of the City of New York: Published by D. Appleton & Co., New York. For sale by John P. Morton & Co.

The above volume presents, as it lies before me, an appearance at once modest and prepossessing; an 8vo volume, bound in cloth, clearly and beautifully printed on yellowish tinted paper, in the best style of its famous publishers. Having said this much as a guarantee of the mere physical pleasure of the prospective reader, it were possible to have said all other needful things in the title-page, since expressions of delightful experiences must come from any member of the profession who, being philosophically rather than pedantically inclined, may do himself the justice and real service to purchase and read the book. A fitting opportunity is afforded by this publication to invite attention to a cause which, I at least believe, appeals for support to good taste and to the reader who is tired out by the pedantry of authors who mark out "the cutting of surgical sticks," as for a class of school urchins, and afterward affect to guide the hesitating hand in the repetition of the prescribed cutting. Adorned with pictures, the latter style of new and done-over old surgeries attract a great deal of unmerited attention. Even editors to medical journals pander to this evidence of superficiality, and readily republish articles from other journals for the sake of the woodcuts with which they ornament (?) their pages in the absence of lucid, substantial thought.

Nothing is more to be deplored than the absence, and nothing to be more commended than the possession of natural fitness on the part of both teacher and student of the art of surgery; the maximum of virtue is attained in the combination of natural dexterity with the facile brain-power necessary to the comprehension of the science of surgery. To this attitude had Van Buren risen, and this pre-eminence had he enjoyed many years before his death. Picture-books and prolix pedantry easily fall into disuse in such company. However, in this as in other matters, the wistful eye stretches its vision into millennial futurity, and one is forced to accept for the nonce what will not be changed until popular demands shall be based upon more realistic standards; that is, when all surgeons shall compel by true merit alone the fullest measure of respect, as did our author.

This work should have been styled The Philosophy of the Science of Surgery, in contradistinction to many others which plainly essay the art alone, leaving the better reader to politely infer the scientific lore not evidenced in the text. In this book is portrayed the scholarly trained thinker and philosopher. From the hand of a great master it will add material luster to the acquirements of all who may enjoy a reading of it. E. V. D.

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**Manual of Chemistry.** A Guide to Lectures and Laboratory work for Beginners; a Text-book specially adapted for Students of Pharmacy and Medicine. By W. SIMON, Ph. D., M. D., Professor of Chemistry and Toxicology in the College of Physicians and Surgeons, etc. With sixteen illustrations on wood, and seven colored plates representing fifty-six chemical reactions. Philadelphia: Henry C Lea's Son & Co. 1884. For sale by John P. Morton & Co.

This work, an octavo of 411 pages, is simple, scientific, and beautiful. The matter is arranged in the form of questions and answers; abstruse technicalities are avoided, while such theoretical teaching as is necessary for the further understanding of the subject is made easy of comprehension by simple, direct, and lucid explanation.

The work is, of course, limited in scope, but deals with a sufficient number of topics to keep the student busy for at least the first two years of study.

Such parts of the work as deal with laboratory studies are especially satisfactory. All tests and manipulations are put in unmistakable terms, while many of the color changes attendant upon chemical reactions are set forth with rare elegance and perfect truth to nature by the chromo-lithograph plates. This is an original feature, and is sufficient of itself to bespeak for the work a wide popularity. Though framed to meet the needs of all beginners, it is the medical student who will find in Dr. Simon's work a text-book of especial attractiveness and helpfulness.

**The Elements of Pathology.** By EDWARD RINDFLEISCH, M. D., Professor of Pathological Anatomy, in the University of Würsburg. Translated from the first German edition by WILLIAM H. MERCUR, M. D. (University of Pennsylvania); revised by JAMES TYSON, M.D., Professor of General Pathology and Morbid Anatomy, University of Pennsylvania, etc. Philadelphia: P. Blakiston, Son & Co. 1884. For sale by John P. Morton & Co. Price, $2.00.

The simple announcement of the translation into English of a work by Professor Rindfleisch is sufficient for our readers, since the eminence and authority of the author will cause it to be eagerly sought and read by every well-informed physician.

The work is not in any sense a text-book, but rather a series of essays upon general and special pathology, in which the author aims to lay before the reader all modern pathological doctrines, and the facts upon which they are supposed to rest. That this aim has been made an attainment will be conceded by the thoughtful reader. The translator and editor are entitled to great credit for fine English in the text, and a faithful rendering of the author's ideas.

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**An Introduction to Pathology and Morbid Anatomy.** By T. HENRY GREEN, M. D., Lond., F. R. C. P., London, Physician to Charing Cross Hospital, and Lecturer on Pathology and Morbid Anatomy at Charing Cross Hospital Medical School. Fifth American, from the sixth revised and enlarged English edition, with one hundred and fifty engravings. Philadelphia: Henry C. Lea's Son & Co. 1884. For sale by John P. Morton & Co.

This able work, for years a standard text-book in pathology in England and America, requires no introduction to our readers. Recent rapid advance in pathology made necessary a new edition of the work, and the most critical reader will not deny that the demand has been fully met. To lighten the labor of revision, the author secured the efficient services of Mr. Stanley Boyd, whose chapters on Pyemia and Septicemia, and the Vegetable Parasites, make a most interesting and valuable part of the work.

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**Medical Diagnosis.** A Manual of Clinical Methods. By J. GRAHAM BROWN, M.D., F.R.C.P., Ed. Second edition, illustrated. New York: Bermingham & Co. For sale by John P. Morton & Co. Price, $1.50.

This is a valuable work for the physician's office table. The most approved methods of diagnosis will here be found, set forth in the fewest possible words, and so arranged as to be available for ready reference. Among the many noteworthy features of the work may be mentioned the author's full and satisfactory setting forth of the diagnostic points of kidney disease and urinary derangements, items bearing upon diseases of the nervous system, and certain diagnostic points to be noted in the feces as characteristic of intestinal or other diseases of the abdominal viscera.

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Notes on the History, Manufacture, Uses, and Properties of Hydrochlorate of Cocaine. With compliments of McKesson & Robbins, Manufacturing Chemists, 91 Fulton Street, New York.

The Physiological Effects and Therapeutical Uses of Hydrastis. By Roberts Bartholow, A. M., M. D., LL. D., Professor of Materia Medica and General Therapeutics in the Jefferson Medical College, etc. Reprint from the Drugs and Medicines of N. America, March, 1885. Cincinnati: J. N. & C. G. Lloyd.

The Science and Art of Surgery: A treatise on Surgical Injuries, Diseases, and Operations. By John Eric Erichsen, F. R. S., LL. D., F. R. C. S., Surgeon extraordinary to Her Majesty the Queen, etc. Eighth edition, revised and edited by Marcus Beck, M. S. and M. B., Lond., F. R. C. S. With 984 engravings on wood. Vol. II. Philadelphia: Lea Brothers & Co. 1885. For sale by John P. Morton & Co.

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## New Remedies.

Conducted by Simon Flexner, Ph. G.

NEW PRINCIPLES IN ERGOT.—A recent examination of ergot by Dr. R. Kobert, of Strassburg, has revealed the presence of several new proximate principles. Without making the isolation of the total proximate principles, each in a state of purity, his objective point, the Doctor turned his attention to the preparation of those bodies, which he had extracted for the first time, of such purity that in the physiological tests to which he subjected them the possibility of interaction between the principles experimented with and some other adherent substance would be reduced to the minimum.

Three physiologically active bodies are up to the present time isolated, two of which are of an acid and one of a basic nature. Of the acids the one called ergotinic acid is of much importance, inasmuch as it appears to be the substance of which the prevailing portions of the so-called "ergotins" consist, and since it is but a purer form of the lately introduced sclerotic acid.

Strange to say, the Doctor holds that ergotinic acid is entirely without contractile effect on the uterus; and he therefore regards the ergotins of the market as well as the sclerotic acid itself—both of which, as stated above, being mainly composed of the acid in question—as devoid of the power to affect the uterus in the manner named, and therefore of doubtful value.

Sphacelinic acid, the second of the acids, is one of the alcohol-soluble constituents of ergot. It would appear that this body is liable to spontaneous decomposition, since it is only present in fresh ergot. As regards its physiological activity, it seems to have the power to increase the blood-pressure, sometimes giving rise to gangrenous processes. Furthermore, it is the body which causes some disease of the crystalline lens leading to cataract.

Cornutine is the basic alkaloidal principle. It is said to differ from both the crystallized and amorphous ergotinine of Tanret. It resembles these bodies, however, in wanting the property of causing uterine contraction, and it therefore is not the specifically active principle of ergot. Its administration gives rise to some movements of the uterus, but it never causes expulsion of the fetus.

NAPTHALINE AS A SURGICAL DRESSING.—Napthaline has recently been pretty widely recommended as an antiseptic dressing, and we are now informed that it has been substituted for the more expensive iodoform by the Bellevue Hospital staff. A report from this institution bearing on this subject is soon to be issued, when the comparative value in practice of this substance will undoubtedly be shown.

In its refined state napthalin is a white, glistening, scaly substance, rather difficult to powder and possessed of an intolerable odor. This last difficulty is, however, easily removable, since a few drops of oil of bergamot readily and effectually mask the natural odor, substituting in its stead a rather agreeable though somewhat peculiar odor, suggesting nothing familiar to us. In powdering a few drops of alcohol serve a very good purpose, greatly facilitating this operation.

## Selections.

LAPAROTOMY AND FALL OF TEMPERATURE.—Professor Werth, of Kiel, has recently conducted some clinical observations on the influence of operations, especially abdominal section, on the temperature of the body. In thirty-one cases of laparotomy he took the temperature, by inserting a thermometer in the rectum, within half an hour after operation, and found that, with very few exceptions, there was a distinct fall of temperature, amounting, on an average to half a degree. On taking temperatures in the same manner, however, in thirty-six cases, chiefly plastic operations on the vulva, vagina, and cervix uteri, where the peritoneal cavity was not opened, he found that, except in six cases, there was a distinct fall to the extent of 0.4 degree. In all these operations the room where they were performed had been kept uniformly warm. No direct relation between the duration of the operation and the extent of the fall of temperature could be established. Dr. Werth believes that the cooling in laparotomy is due to the same causes as in any other operation. The loss of blood is the most important agent in lowering temperature; and another factor, according to Dr. Werth, is the influence of the anesthetic, which appears to have a specific influence on the temperature. In experiments upon animals the marked fall in temperature when the abdomen has been freely opened in the middle line has been shown to be due, in great part, to the exposure of viscera. Hence, particularly when the spray is employed, it is advisable not only to cover the intestines with sponges to prevent their prolapse and exposure, but also to wrap up the tumor in warm flannels until its pedicle has been secured and divided, since, until that has been done, the cooling of the blood circulating in the tumor may be sufficient to cause effects prejudicial to the patient.—*British Medical Journal.*

ERUPTION FOLLOWING THE USE OF ANTIPYRIN.—Dr. Paul Ernst reports two cases of an eruption caused by the internal ad-

ministration of antipyrin. The two patients were a boy and a woman, aged respectively ten and sixty-seven years, yet the eruption was so nearly alike in both cases that there could be little doubt that the same cause was at work. The eruption consisted of little irregularly rounded pimples lying close together, and in some places confluent so as to form patches of greater or less extent, between which the skin was normal, thus giving a marbled appearance to the surface. After about five days the eruption began to fade and to assume the character of a brownish pigmentation, and in the old woman there were some faint evidences of desquamation. Traces of the eruption were still visible at the end of two weeks. The eruption was thickest over the body, and on the extremities the extensor surfaces were more covered than the flexor surfaces. In the boy there was some edema of the face, but in neither case was there any eruption on the head or neck, although the palms of the hands and soles of the feet were not spared. There was some itching in the case of the woman, but the boy did not complain of this. The eruption ran its course and disappeared, although the administration of the antipyrin was not interrupted. The writer explains this by supposing that the system acquired a tolerance for the drug. On this account he advises a continuance of the remedy where its use is indicated, despite the eruption. In a postcript Dr. Ernst states that he has observed three other cases of an exactly similiar nature.—*Centralblatt für klinische Medicin; Practitioner.*

EXTIRPATION OF THE RECTUM FOR CANCER.—If this operation is to be performed, Professor Esmarch recommends (*Centralb. f. Chirurgie*) that the rectum should be first most carefully examined. The rectum must be thoroughly movable, and not bound down to the surrounding parts, otherwise it is useless to attempt the operation. The harder and more circumscribed the cancer, and the less pain it has given rise to, the more favorable the prognosis. The situation too of the cancer in the mucus rather than in the submucus tissue is another favorable sign. The operation succeeds well if only one part of the wall is affected, and especially if that one part is the hinder portion. If an incision be carried far back to the coccyx plenty of room will be obtained, and the rectum can be moved as far up as the commencement of the sigmoid flexure. It is better, if possible, to bring down the upper end and attach it to the lower, while the external sphincter is preserved. If this be done, good power of retaining the feces will be the result. The excision of a narrow ring some distance up never succeeds, as the lower end of the intestine sloughs. Good provision should of course be made for drainages, and if the peritoneal cavity is opened it should be closed at once. In rare cases, where the peritoneum is rendered septic by the feces which have found their way into it during the operation, it is advisable to drain it.—*Practitioner.*

COUGH REMEDY.—The Weekly Drug News recommends the following as a good remedy for cough without opium (which is often objectionable). This preparation is especially valuable in irritating and obstinate coughs, and is a pleasant sedative and expectorant cough remedy:

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| Bromide potassium, . . . . . | 1 ℥ av.; |
| Tincture sanguinaria (blood root) | 3 fl. ℥; |
| Tincture of hyoscyamus, . . . | 2 fl. ʒ; |
| Ether (sulphuric), . . . . . | ½ fl. ʒ; |
| Syrup of ipecac, . . . . . | 2 fl. ʒ; |
| Syrup of tolu, . . . . . | 7 fl. ʒ; |
| Alcohol, . . . . . | 1 fl. ʒ; |
| Water, . . . . . | 3 fl. ʒ. |

Dissolve the bromide of potassium in the water and mix the solution with the syrups. Mix the alcohol with the ether and tinctures, then add the mixture to the syrups and mix.

Dose, the same as other cough remedies, but may be given freely without injury.

## ARMY MEDICAL INTELLIGENCE.

OFFICIAL LIST of Changes in the Stations and Duties of Officers serving in the Medical Department of the United States Army, from February 21, 1885, to February 28, 1885:

*Bentley, Edwin*, Major and Surgeon, relieved from further duty at Fort Clark, Texas, and assigned to duty as Post Surgeon, Fort Brown, Texas. (S. O. 17, Dept. Texas, February 16, 1885.) *Taylor, M. E.*, Captain and Assistant Surgeon, assigned to duty at Fort Stanton, N. M., as Post Surgeon. (S. O. 29, Dept. Mo., February 21, 1885.)

OFFICIAL LIST of Changes of Stations and Duties of Medical Officers of the United States Marine Hospital Service for the week ended February 21, 1885:

*Battle, K. P.*, Assistant Surgeon, to proceed to Pittsburgh, Pa., for temporary duty, February 19, 1885. *Heath, W. H.*, Passed Assistant Surgeon. Resignation accepted, as tendered, by the Secretary of the Treasury, February 14, 1885. *Kalloch, P. C.*, Assistant Surgeon, promoted and appointed Passed Assistant Surgeon, by the Secretary of the Treasury, from March 1, 1885, February 19, 1885.